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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15172

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15175

1. PLACE OF DEATH
   a. COUNTY: Caroline — MARYLAND
   b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Denton, Maryland
   c. LENGTH OF STAY IN 1b: 10 years
   d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): None

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
   a. STATE: Maryland b. COUNTY: Caroline
   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Denton
   d. STREET ADDRESS: RT# 3 (Shaffer Farm)
   e. IS RESIDENCE ON A FARM? YES [x] NO [ ]

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3. NAME OF DECEASED (Type or print): First: Percy Middle: NMN Last: Ennis

4. DATE OF DEATH: Month Day Year 19 — Nov. 9, 1967

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [x] DIVORCED [ ]

8. DATE OF BIRTH: 6- 6- 1911

9. AGE (In years last birthday): 56 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Worker

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Not known by family

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown by family

14. MOTHER'S MAIDEN NAME: Unknown by family

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes give war or dates of service): No

16. SOCIAL SECURITY NO.: 218-24-4275

17. INFORMANT — Address: Maryland State Police, Easton Barracks

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

8234

IMMEDIATE CAUSE (a): Multiple Injuries of Chest with many

DUE TO (b): broken ribs puncture of lings Pneumothorax

DUE TO (c): and mediastinal shift

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH: minutes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): ? Alcoholism report not back as yet

19. WAS AUTOPSY PERFORMED? YES [ ] NO [x]

20a. EXTERNAL CAUSE WAS PRIMARY [x] or CONTRIBUTING [ ] CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Ran off the road and overturned car threw out of car

20c. TIME OF INJURY: Hour a.m. p.m. 11:10 — Month, Day, Year: 11/9 1967

20d. INJURY OCCURRED: While at work [ ] Not While at work [x]

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): route 313 North

20f. (City or town) (County) (State): Denton Caroline Maryland

21. I certify that I took charge of the remains described above, held on Autopsy [ ], Inspection [x], Inquiry [x], and in my opinion death resulted from: Natural causes [ ], Accident [x], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE: Harold B. Plummer M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
DEPUTY MEDICAL EXAMINER [x]

EXAMINER'S NAME (Type): HAROLD B. PLUMMER, Preston, Md. — Address (Street, city, town, or county)

22. DATE SIGNED: 11/15/67

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: 11-19-1967

23c. NAME OF CEMETERY OR CREMATORY: Sandtown Cemetery

23d. LOCATION (City or Town) (County) (State): Hillsboro, Caroline Md.

24. FUNERAL DIRECTOR — ADDRESS: Charles W. Hill, 413 Gay St, Denton, Md.

25a. REC'D BY REGISTRAR — DATE: NOV 17 1967

25b. REGISTRAR'S SIGNATURE: J. Charles Judge

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 6M 1/67

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15173

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

15176

1. PLACE OF DEATH
   a. COUNTY: CAROLINE — MARYLAND
   b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): RIDGELY, MD
   c. LENGTH OF STAY IN 1b: Life
   d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): NONE

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
   a. STATE: MARYLAND
   b. COUNTY: CAROLINE
   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): RIDGELY, MARYLAND 05-1
   d. STREET ADDRESS: RFD BOX# 141
   e. IS RESIDENCE ON A FARM? YES ☐ NO ☑

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3. NAME OF DECEASED (Type or print): First: LINNIE — Middle: — Last: MURRAY

4. DATE OF DEATH: Month: Nov. Day: 21, Year: 19 67

5. SEX: Female

6. COLOR OR RACE: Negro

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 8- 2- 1884

9. AGE (In years last birthday): 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory- Housewife

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (County & State, or foreign country): DENTON, MARYLAND

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Solomon Satterfield

14. MOTHER'S MAIDEN NAME: Lydia Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes give war or dates of service): No

16. SOCIAL SECURITY NO.: 213-22-5573A

17. INFORMANT — Address: The Family, Ridgely, Maryland, Box# 141

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

4201

	Cause	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	minute
DUE TO (b)	Arteriosclerotic Coronary Artery	20 years
DUE TO (c)	Disease with General Arteriosclerosis	

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

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19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 19

20d. INJURY OCCURRED While at work ☐ Not While at work ☐

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from 1/17 1966, to 11/21/67, 19__, that (I) (we) last saw the deceased alive on 11/6 1967, and that death occurred at 7:30 A M, from causes and on the date stated above.

22a. SIGNATURE: William A. Anderson M.D. — ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐

22b. DATE SIGNED: 11/24/67

22c. PHYSICIAN'S NAME (Type): WILLIAM A. ANDERSON

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22d. ADDRESS: 16 N 2nd Street, Denton, Maryland

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE THEREOF: 11-25-1967

23c. NAME OF CEMETERY OR CREMATORY: Spring Grove Cemetery

23d. LOCATION (City or Town) (County) (State): Denton, Caroline Md

24. FUNERAL DIRECTOR — ADDRESS: Charles W. Hill, Gay Street, Denton, Maryland

25a. REC'D BY REGISTRAR DATE: NOV 27 1967

25b. REGISTRAR'S SIGNATURE: J. Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15174 15177

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY: CAROLINE, MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE: MARYLAND b. COUNTY: CAROLINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): RURAL DENTON — c. LENGTH OF STAY IN 1b: 50 yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): RURAL DENTON 05-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS — e. IS RESIDENCE ON A FARM? YES [x] NO [ ]

3. NAME OF DECEASED (Type or print) First: LOWMAN Middle: LUTHER Last: OTT — 4. DATE OF DEATH Month: NOV Day: 14 Year: 1967

5. SEX: M — 6. COLOR OR RACE: W — 7. MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] — 8. DATE OF BIRTH: MAY 6, 1893 — 9. AGE (In years last birthday): 74 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (County & State, or foreign country): PENNSYLVANIA — 12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: DAVID OTT — 14. MOTHER'S MAIDEN NAME: EMMA WIRICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service): NO — 16. SOCIAL SECURITY NO. — 17. INFORMANT Address: MRS LOWMAN OTT, DENTON, MD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis — minutes

4201

DUE TO (b) Arteriosclerotic Coronary — years

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

~~DUE TO~~ (c) Artery Disease

008.1

PART II ~~OTHER~~ SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Tuberculoses.

2

19. WAS AUTOPSY PERFORMED? YES [ ] NO [x]

20a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 — 20d. INJURY OCCURRED While at work [ ] Not While at work [ ] — 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — 20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from 10/20, 1962, to 11/1, 1967, that (I) (we) last saw the deceased alive on 11/1 1967, and that death occurred at 4:30 PM, from causes and on the date stated above.

22a. SIGNATURE: W. A. Anderson M.D. — ATTENDING PHYS. [x] MED. DIRECTOR [ ] STAFF PHYS. [ ] — 22b. DATE SIGNED: 11/16/67

22c. PHYSICIAN'S NAME (Type): William A. Anderson, M.D. — 22d. ADDRESS: Court House Green, Denton, Md.

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23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 23b. DATE THEREOF: NOV. 17, 1967 — 23c. NAME OF CEMETERY OR CREMATORY: DENTON — 23d. LOCATION (City or Town) (County) (State): DENTON MD.

24. FUNERAL DIRECTOR ADDRESS: J. VIRGIL MOORE DENTON MD — 25a. REC'D BY REGISTRAR DATE: NOV 20 1967 — 25b. REGISTRAR'S SIGNATURE: Charles [illegible]

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

CERTIFICATE OF DEATH

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15175

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15178

CERTIFICATE OF DEATH

M

1. **PLACE OF DEATH** a. COUNTY: Caroline — MARYLAND
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Ridgely, rural
c. LENGTH OF STAY IN 1b: 6 years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Cherry Lane

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2. **USUAL RESIDENCE** (Where deceased lived, if institution: Residence before admission) a. STATE: Maryland b. COUNTY: Caroline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Federalsburg

05:1

d. STREET ADDRESS: Rural
e. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. **NAME OF DECEASED** (Type or print) First: Goldie Middle: Johnson Last: Pinkett
4. **DATE OF DEATH** Month: November Day: 2 Year: 1967

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Aug. 22, 1903
9. AGE (In years last birthday): 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (County & State, or foreign country): Caroline County, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Warner Johnson
14. MOTHER'S MAIDEN NAME: Laura (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16. SOCIAL SECURITY NO.: 220-03-8393
17. **INFORMANT** Address: James P. Johnson, Federalsburg, Md.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage with spastic hemiparesis

443X

DUE TO (b): Arteriosclerotic C.V.Dis. with hypertension
DUE TO (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Old C.V.A. with spastic hemiparesis

3

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19
20d. INJURY OCCURRED While at work ☐ Not While at work ☐
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
20f. (City or town) (County) (State)

21. I certify that (I) (this hospital) attended the deceased from Sept. 8, 1966, to Nov. 2, 1967 that (I) (we) last saw the deceased alive on Nov. 2 1967, and that death occurred at ____ M, from causes and on the date stated above.

22a. SIGNATURE: Charles H Stonesifer M.D. ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐
22b. DATE SIGNED: Nov. 4 '67
22c. PHYSICIAN'S NAME (Type): Charles H.Stonesifer,M.D.
22d. ADDRESS: Greensboro, Md.

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23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE THEREOF: 11/5/67
23c. NAME OF CEMETERY OR CREMATORY: Federal Hill
23d. LOCATION (City or Town) (County) (State): Federalsburg, Caroline Md.

24. FUNERAL DIRECTOR: Frampton Funeral Home, Frampton Jr. ADDRESS: Federalsburg Md.
25a. REC'D BY REGISTRAR DATE: NOV 9 1967
25b. REGISTRAR'S SIGNATURE: J Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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